



New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	X	Forms	
Chapter:	A	Forms	4-22-2003
Subchapter:	1	Forms	
Issuance:	HIPAA.1A1(S)	DCF Form HIPAA 1.A.1(S), State of New Jersey, Department of Children and Families Notice of Privacy Practices (Spanish)	

PURPOSE AND USE

The State of New Jersey, Department of Children and Families Notice of Privacy Practices (Spanish Language), DCF Form [HIPAA 1.A.1\(S\)](#), serves to:

- Provide general information about the HIPAA law;
- Describe the covered entity's responsibility for maintaining the privacy of protected health information;
- List the ways in which a covered entity may use or disclose protected health information without a written authorization;
- Explain the rights of individuals for whom an agency receives or maintains PHI;
- Inform how a client or other individual may receive additional information about his or her privacy rights; and
- Inform how a client (adult or child client), direct service provider (such as a foster parent or adoptive parent), or other individual for whom CP&P collects and/or discloses PHI may report a problem or make a complaint.

The NPP (and its Spanish Language counterpart), is a Department of Children and Families form, approved by the Attorney General's Office for use by the Divisions and agencies which comprise DCF. The text of the form is not subject to change. The Department assigned the NPP form number HIPAA 1.A.1. CP&P assigned the Spanish Language version form number HIPAA 1.A.1(S).

CP&P has developed a form for use as a receipt, to document that a Spanish speaking CP&P client, direct service provider, or other individual for whom CP&P receives PHI was given an NPP. See Acknowledgment of Receipt of Notice of Privacy Practices (Spanish Language), CP&P Form [11-50\(S\)](#). When providing a Spanish Language version of the NPP, attach a receipt, CP&P Form [11-50\(S\)](#), to it.

Note: These form instructions pertain to CP&P practice, policy and procedures only. Other Divisions, Commissions and Offices within the Department of

Children and Families have developed their own NPP distribution protocols for use by their respective staffs.

Use this form in conjunction with CP&P Form [11-50\(S\)](#), Acknowledgement of Receipt of Notice of Privacy Practices (Spanish Language), when the primary language of the adult client, direct service provider, or other individual for whom CP&P receives protected health information is Spanish.

See complete instructions for DCF Form [HIPAA 1.A.1](#).

FORM AVAILABILITY

DCF Form HIPAA 1.A.1(S) is available for viewing on-line, and can be printed from the CP&P on-line Forms Manual. It is also stocked at local CP&P offices; forms can be ordered from the Forms Unit in the usual manner.

DISTRIBUTION

Original - CP&P clients, direct service providers (foster and adoptive parents, etc.), or other individuals for whom CP&P receives PHI.